

CLAIMS ONLY								Application Number <u>10/627115</u>		Filing Date	
								Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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48								98			
49								99			
50								100			
Total Indep								Total Indep			
Total Depend								Total Depend			
Total Claims								Total Claims			